

<i>SERFF Tracking Number:</i>	<i>PNTX-126114434</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Penn Treaty Network America Insurance Company</i>	<i>State Tracking Number:</i>	<i>42136</i>
<i>Company Tracking Number:</i>	<i>LTCAR0002310F02</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.002 Non Qualified</i>
<i>Product Name:</i>	<i>1091 Endorsement</i>		
<i>Project Name/Number:</i>	<i>1091 Endorsement /LTCAR0002310F02</i>		

Filing at a Glance

Company: Penn Treaty Network America Insurance Company

Product Name: 1091 Endorsement

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.002 Non Qualified

Filing Type: Form

SERFF Tr Num: PNTX-126114434

SERFF Status: Closed

Co Tr Num: LTCAR0002310F02

Co Status:

Author: SPI PennTreatyNetwork

Date Submitted: 04/15/2009

State: ArkansasLH

State Tr Num: 42136

State Status: Filed-Closed

Reviewer(s): Harris Shearer

Disposition Date: 04/29/2009

Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 1091 Endorsement

Project Number: LTCAR0002310F02

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: Resubmission

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/29/2009

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 01/12/2009

Domicile Status Comments:

Market Type:

Previous Filing Number: Not available

Overall Rate Impact:

Filing Status Changed: 04/29/2009

Deemer Date:

Attached please find a template of Endorsement Form 1091 for the department's review and approval.

The Endorsement Form 1091 is provided to our policyholders as acknowledgement of changes to their existing policy, per their request. The variables under which the endorsement will be used are as follows:

" Correction to the spelling of the policyholder's name;

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- " Correction to a date of birth/age;
- " Decrease to the Daily Benefit, Elimination Period or Maximum Benefit Period; or
- " Removal of a Rider

Our Company appreciates the Department's time and consideration. Should you have any questions, please do not hesitate to contact me directly.

Company and Contact

Filing Contact Information

Cindy Callahan, Analyst ccallahan@penntreaty.com
3440 Lehigh St (610) 965-2222 [Phone]
Allentown, PA 18103 (484) 232-6638[FAX]

Filing Company Information

Penn Treaty Network America Insurance Company	CoCode: 63282	State of Domicile: Pennsylvania
3440 Lehigh St	Group Code: 810	Company Type:
Allentown, PA 18103	Group Name: Penn Treaty	State ID Number:
(610) 965-2222 ext. [Phone]	FEIN Number: 23-2603386	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Penn Treaty Network America Insurance Company	\$0.00	04/15/2009	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Harris Shearer	04/29/2009	04/29/2009

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Disposition

Disposition Date: 04/29/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Outline of Coverage		Yes
Form	Form 1091		Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form 1091	Other	Form 1091	Initial		0	Form 1091.PDF

ENDORSEMENT

Effective Date <<EFFDATE>> _____

Policy No. <<POLICY>> _____

Issued to <<INSURED>> _____

It is hereby agreed and understood that <<BENEFIT CHANGE>>

In consideration of this change, the new <<MODE>> Premium shall now be <<\$AMOUNT>>.

SIGNATURE: _____ **DATE:** _____

In witness whereof PENN TREATY NETWORK AMERICA INSURANCE COMPANY,
ALLENTOWN, PENNSYLVANIA, has caused this endorsement to be signed by its
President.



President

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Rate Information

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Supporting Document Schedules

Bypassed -Name:	Health - Actuarial Justification	Review Status:	04/15/2009
Bypass Reason:	NA to this filing		
Comments:			
Bypassed -Name:	Flesch Certification	Review Status:	04/15/2009
Bypass Reason:	NA for this filing		
Comments:			
Bypassed -Name:	Application	Review Status:	04/15/2009
Bypass Reason:	NA for this filing		
Comments:			
Bypassed -Name:	Outline of Coverage	Review Status:	04/15/2009
Bypass Reason:	NA for this filing		
Comments:			